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(Reau	estor's Name)	
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COVER LETTER

Division of Corp	orations		
SUBJECT:	lo Coast LA Name of Limi	WX CARE LLC ted Liability Company	· <u>···</u>
The enclosed Articles of A	mendment and fee(s) are subt	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
		Name of Person AWN CARE 11C Firm/Company	
	3304 WEST	Address	2022 NOV -7 AH 9: 49 SECRETARY SEE FILE TALL AT A SEE FILE
	JAMPA, Floricia	City/State and Zip Code	
	Classial lavana	City/State and Zip Code CODE CODE CODE CODE CODE CODE CODE CODE CODE CODE CODE CODE CODE CODE	
	E-mail address: (t	o be used for future annual report notific	ration) On the state of the sta
For further information co	ncerning this matter, please ca	ill:	(7) ₍₂₎ (2)
ROBERT LEON Name of	Person Penton ///	at (<u>239</u>) <u>297-9</u> Area Code Daytime	1993 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on of Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 22 000 45 7 883</u> .			_ and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here:			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the design:	ation "LLC" or the abbro	rviation "L.I	c."
Enter new principal offices address, if applicable:			<u>: 23</u>	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	122 110	
				+ !
			<u>`</u> -	
Enter new mailing address, if applicable:	 	111	<u> स</u> स	1221
(Mailing address MAY BE A POST OFFICE BOX)		ا - -	41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-÷:::\\
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our record	ds, <u>enter the name (</u>	of the new	<u>registere</u>
Name of New Registered Agent:				
New Registered Office Address:			<u> </u>	
	Enter Florida si	reet address	•	
	Z	Florida	7 () 1	
Non-Business Associated St. According to the Control of the Contro	City		Zıp Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	MEIANEE C. FENTON	3304 WEST GRACE STREET	□ Add
		TAMPA, F1 33607	⊡Remove
			Change
			□Add
			□Remove
			□ Change
			SECRETION OF THE SECRET
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Changing the b	He of	BOBERT	L. FENTON)_ ///_	Fron	7	_
Changing the h Authorized Perso	n to	Manaser	(MGR)	of the	LL	<u>C.</u>	_
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ffective date, if other than the dan effective date is listed, the date must be ote: If the date inserted in this block occument's effective date on the Dep	k does not mee	t the applicable stat	2022 filing or more that utory filing requ	(option n 90 days after ti irements, this c	al) ling.) Purs	9; 49	505.02 isted
record specifies a delayed effective is filed.			2:01 a.m. on the	earlier of: (b)	The 90tl	n day af	fter the
nted <u>/0/29</u>		2022 . Ide J Inber or authorized rep	resentative of a m	TT ember			
·	0	Ped or printed name					